

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>7/2/2005</u>		2 Serial/Patent # <u>10/524 712</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		\$ 100							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ 100								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:								
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>6</td><td>--</td><td>0</td><td>5</td><td>0</td><td>2</td> </tr> </table>		0	6	--	0	5	0	2
0	6	--	0	5	0	2				
<i>Rule change - 08 Dec 2004</i>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>								
SIGNATURE: <u>Terry M. Johnson</u>		PHONE: <u>703-308-9140</u>								
OFFICE: <u>DO/E</u>		<u>X221</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*